

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

**DRAFT**

### UST System Compatibility Verification

Date Form Completed		/ /		
<b>1. UST Facility Information</b>				
Agency Interest Number (AI)				
UST Facility Name				
UST Facility Physical Address		Street Address:		
		City:	County: Zip Code: -	
UST Facility Physical Phone		Phone: ( ) -	Alternate Phone: ( ) -	
<b>2. UST System Owner Information</b>				
UST System Owner Name				
UST System Owner Contact Information		Phone: ( ) -	Email:	
<b>3. SFMO Certified Installer Information</b>				
SFMO Certified Installer Name				
Company Name				
Company Mailing Address		Street Address:		
		City:	State: Zip Code: -	
SFMO Certified Installer Contact Information		Phone: ( ) -	Email:	
<b>4. Installation / Modification Information</b>				
Description Type	<b>Installation Type</b>		<b>Modification Type</b>	
	<input type="checkbox"/> New UST System (tank & piping)		<input type="checkbox"/> Manifolder Tank <input type="checkbox"/> Repairs	
	<input type="checkbox"/> New Tank		<input type="checkbox"/> Syphon Tank <input type="checkbox"/> Replacement	
	<input type="checkbox"/> New Piping		<input type="checkbox"/> Change in Product	
Completion Date		/ /		
<b>5. UST System Details</b> (Attach additional pages as necessary)				
List each compartment separately if the UST system will be storing different regulated substances or if the piping, spill containment, or overfill prevention devices are not the same make or model.				
Tank ID Number (e.g., 1, 2, etc.)				
Compartment Number (e.g., 1, 2, etc.)				
Capacity (gallons)				
Substance (refer to substance list below)				
Ethanol %				
Biodiesel %				
Substance List	UNL - Reg Unleaded Gas*	DSL - Diesel**	UOL - Used Oil	AVG - Aviation Gas
	PLS - Plus Unleaded Gas*	ORD - Off-Road Diesel	NOL - New Oil	JET - Jet Fuel
	PRM - Premium Unleaded Gas*	BIO - Biodiesel	REC - Recreation Fuel	HAZ - Haz Substance (CAS #)
	KER - Kerosene	ETH - Ethanol	OTH - Other (specify)	

AI \_\_\_\_\_

**Directions:**

**New installations:** Complete Sections 6, 7, 8 and 9. Check all that apply below for each tank and/or compartment listed above for tank details and piping details.

**Modifications, repairs, replacements, or changes in product:** Complete Sections 8 and 9.

**6. New UST System Installation Tank and Piping Details***(Attach additional pages as necessary)**Complete for all new UST system installations. Check all that apply for each tank and/or compartment listed above.*

Tank Details	<b>Tank Construction Material</b> (DW = Double-wall)	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Steel in Fiberglass shell <input type="checkbox"/> DW Steel – Urethane Coating <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Steel in Fiberglass shell <input type="checkbox"/> DW Steel – Urethane Coating <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Steel in Fiberglass shell <input type="checkbox"/> DW Steel – Urethane Coating <input type="checkbox"/> Other (specify): _____
	<b>Tank Corrosion Protection</b>	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify): _____
	<b>Tank Release Detection</b>	<input type="checkbox"/> Electronic Interstitial Monitoring Automatic Tank Gauging (ATG) Make: _____ Model: _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Electronic Interstitial Monitoring Automatic Tank Gauging (ATG) Make: _____ Model: _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Electronic Interstitial Monitoring Automatic Tank Gauging (ATG) Make: _____ Model: _____ <input type="checkbox"/> Other (specify): _____
	<b>Spill &amp; Overfill Prevention</b> (DW = Double-wall)	<input type="checkbox"/> DW Spill Catchment Basin <input type="checkbox"/> Automatic Shut-off Device (set at 95% capacity) <input type="checkbox"/> High Level Alarm (set at 90% capacity) <input type="checkbox"/> Exempt (deliveries < 26 gal) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> DW Spill Catchment Basin <input type="checkbox"/> Automatic Shut-off Device (set at 95% capacity) <input type="checkbox"/> High Level Alarm (set at 90% capacity) <input type="checkbox"/> Exempt (deliveries < 26 gal) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> DW Spill Catchment Basin <input type="checkbox"/> Automatic Shut-off Device (set at 95% capacity) <input type="checkbox"/> High Level Alarm (set at 90% capacity) <input type="checkbox"/> Exempt (deliveries < 26 gal) <input type="checkbox"/> Other (specify): _____
Piping Details	<b>Piping Construction Material</b> (DW = Double-wall)	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Flexible <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Flexible <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> DW Fiberglass <input type="checkbox"/> DW Flexible <input type="checkbox"/> Other (specify): _____
	<b>Piping Corrosion Protection</b>	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> N/A (not required) <input type="checkbox"/> Other (specify): _____
	<b>Piping Release Detection</b>	<input type="checkbox"/> Same as Tank Release Detection <input type="checkbox"/> Electronic Interstitial Monitoring Automatic Tank Gauging (ATG) Make: _____ Model: _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Same as Tank Release Detection <input type="checkbox"/> Electronic Interstitial Monitoring Automatic Tank Gauging (ATG) Make: _____ Model: _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Same as Tank Release Detection <input type="checkbox"/> Electronic Interstitial Monitoring Automatic Tank Gauging (ATG) Make: _____ Model: _____ <input type="checkbox"/> Other (specify): _____

**7. Documentation for New UST System Installations**

Complete this section for all new UST system installations. Check all documentation accompanying form below. Installation and compatibility verification also includes the submittal of photographs, "as-builts" of the location of the tank system in relation to other site features, and invoices of the installation. In addition, detailed photographs of equipment installed, including tank tops (if new installation), piping, sumps, and under-dispenser containment, shall be submitted.

<b>Installation Records</b>	<input type="checkbox"/> "As-built" Plans <input type="checkbox"/> Invoices
<b>Photographs</b>	<input type="checkbox"/> Tank Tops <input type="checkbox"/> Piping <input type="checkbox"/> Equipment <input type="checkbox"/> Under-dispenser containment <input type="checkbox"/> Sump <input type="checkbox"/> Other (specify): _____

AI \_\_\_\_\_

**8. Equipment Compatibility Verification**

If the manufacturer, make, and model of the equipment listed are the same for each UST system, list the tank numbers below and complete this section one time. Otherwise, complete this section for each tank. Make additional copies of page as needed.

Component	# of Devices	Manufacturer	Make	Model	UL		Manufacturer Approved
					Listed	Number	
Tank					<input type="checkbox"/>		<input type="checkbox"/>
Piping					<input type="checkbox"/>		<input type="checkbox"/>
Spill Containment					<input type="checkbox"/>		<input type="checkbox"/>
Overfill Prevention					<input type="checkbox"/>		<input type="checkbox"/>
Submersible Pump					<input type="checkbox"/>		<input type="checkbox"/>
ATG Probes					<input type="checkbox"/>		<input type="checkbox"/>
Interstitial & Sump Sensors					<input type="checkbox"/>		<input type="checkbox"/>
Vapor Recover					<input type="checkbox"/>		<input type="checkbox"/>
Gaskets / Seals					<input type="checkbox"/>		<input type="checkbox"/>
Flex Connectors					<input type="checkbox"/>		<input type="checkbox"/>
Line Leak Detector					<input type="checkbox"/>		<input type="checkbox"/>
Angle Check Valve (Suction)					<input type="checkbox"/>		<input type="checkbox"/>
Emergency Shut-off Valve					<input type="checkbox"/>		<input type="checkbox"/>
Under-Dispenser Containment					<input type="checkbox"/>		<input type="checkbox"/>
Sump					<input type="checkbox"/>		<input type="checkbox"/>
Other (specify):					<input type="checkbox"/>		<input type="checkbox"/>

**9. Certification**

☐ Check here if the person completing the form is the same as the installer named in the SFMO certified installer below.

<b>Name of Person Completing Form</b>		<b>Date Completed</b>	/ /
<b>Email</b>		<b>Phone Number</b>	( ) -

I certify that the UST system(s) was installed in accordance with the manufacturer's instructions. I further certify that the information provided in this document is true, accurate, and complete.

<b>SFMO Certified Installer</b>	<i>Printed</i>		<b>Date</b>	/ /
	<i>Signature</i>			
		<b>License #</b>		<b>License Expiration Date</b>

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).